Democratic alternative. While we Republicans are surely headed off the fiscal cliff, the Democrats' plan would only get us there much faster.

This legislation is a prime example of the question debated in high school civics classes all over the country: Are we as Members of Congress sent to Washington to vote the wishes of our constituents or the demands of our conscience?

We have all read the polls. It is clear that seniors want a prescription drug benefit as part of a traditional Medicare. Further, seniors seem skittish when it comes to substantive Medicare reform. These findings are often cited by supporters of the legislation. Rarely cited, but certainly understood, is the fact that seniors vote in numbers disproportionate to their size of the electorate.

But as sitting Members of Congress, we are also aware that adding a new entitlement of this size is wholly unsustainable. Even without this new entitlement, Medicare will go bankrupt within the next couple of decades. The $400 billion, 10-year estimate for this add-on will almost certainly spiral out of control, just as Medicare's costs have ballooned far beyond original estimates.

So what are we to do? Do we vote as the polls tell us we should vote? After all, if it is what our constituents want, can we not simply vote ''aye'' and wash our hands of the matter?

We are not the first Congress to face such questions. More than 200 years ago, the delegates to the Constitutional Convention had a similar dilemma. Many in this new country wanted a governmental structure similar to the one that they were used to, rather than what was envisioned by the Founding Fathers.

George Washington's words to the Constitutional Convention should instruct us today: ''If, to please the people we offer what we ourselves disprove, how can we afterwards defend our work?''

George Washington understood what leadership is all about. It is not about riding the wave of public opinion, but in changing its course. It would have certainly been more comfortable for the Founding Fathers to go along with what they perceived to be the will of the people, rather than to persuade them that there was a better way. Many generations later, we are grateful for their leadership.

So here we are today. As Members of Congress, we know that adding a prescription drug benefit without reforming Medicare will only hasten its bankruptcy. By our own estimates, this plan will add about $7.8 trillion to Medicare's unfunded liability. Somehow, I doubt that generations to come who are saddled with this debt will be hailing us as leaders.

Knowing all of this, can we defend our work? No, Mr. Speaker, we simply cannot. I urge my colleagues to join me in voting ''no.''

MEDICARE PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

Mr. MCDERMOTT. Mr. Speaker, the ''Rubber Stamp Congress'' is about to go back in session. The President sent the word down from the White House: he wants a bill. We have not seen the bill. It has been put together in two different committees. We do not know what the Committee on Rules is going to put out here, but I can tell my colleagues two things about it. It is very clear from what went on in the Committee on Energy and Commerce and what went on in the Committee on Ways and Means that the bill that will be before us in the next couple of days is not going to satisfy what senior citizens really want.

The senior citizens want no privatization. They do not want Medicare to become totally a private insurance operation. They like the program run by the government. It has worked very well for many years; not perfect, but it has worked very well, and the idea that we are going to have a drug benefit and we are going to say, here is some money, we are putting it on the table here, and the drug companies are going to run in or the insurance companies are going to run in and figure out how to give a benefit is simply nonsense, and people know it.

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They do not trust insurance companies. They have had the last couple of years dealing with the insurance companies around HMOs and they said, Why do we need more of that? How will we feel more safe if we know the insurance companies can come in one day and out the next and back in another day and another and out, in and out? We will not have any benefit.

They want a guaranteed Medicare benefit that they do not have to join a private program to get. They can get it through the government and it is just that simple. That is why they have rejected all these private HMOs, all of that stuff and have stayed in the basic Medicare program. It is partly because the way the insurance companies have treated them.

Insurance companies went out and promised benefits all over the place. They promised drug benefits and everything else. People joined and 6 months later they pulled out and left them hanging. So they expect the very same thing to happen with this drug benefit.

If this were something the insurance companies wanted to do, believe me they would have done it a long time ago but they do not want to do it. So it has got to be in the regular Medicare program. It cannot be privatized. And it has to have a guaranteed benefit.

You can say to people, well, here is $100 a month. Go out and see what kind of plan you get offered because you are not guaranteed anything in that. In some parts of the country it might buy more than it buys in another part of the country. But everybody will have the same amount to go out and try and buy with, so how is that going to work?

Why should it make a difference if you live in Tennessee or you live in Oklahoma or you live in Vermont or you live in Washington State or you live in Illinois? Why should you not be able to have this same plan no matter where you are in this country? Suppose you want to leave San Francisco and go and live with your children in Kansas City? Suddenly you have got to change plans. All of these are issues that come when you put it in the hands of a private insurance company.

Now, the second thing people want is to control the costs of medication. I live up in the Northwest. I live up in Seattle. Every day people get in their cars, drive across the border into Canada, and buy drugs at markedly reduced prices. Now, that went on for a long time and now there are organizations that will allow you to fill your prescriptions from Canada without ever leaving your home in the United States. Thousands and thousands of people are filling their prescriptions in Vermont and New Hampshire and Maine and New York and Michigan and Minnesota. All the States along the northern tier are doing that and it is going down in other States in the country.

Now, you ask yourself, why are drug costs lower in Canada? I mean, what is it about the Canadians that they are better negotiators or what have they done? They did one simple thing. They said you cannot charge a Canadian, they put this in law, you cannot charge a Canadian more than the average of the G–7 countries. Now, what are the G–7 countries? France, Britain, Germany, United States, Canada, Japan, and I think Italy is the other one. You take all those countries, add the price together on a drug and the average price is what Canadians pay.

All it would take for us to save all that traffic to Canada is to pass a law here that grants us the average price of the G–7 countries. This bill will not have it. It is a bad bill. And you should look very carefully at what you pay and what you do not get.

DO NOT PRIVATIZE MEDICARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. HOEFFEL) is recognized for 5 minutes.

Mr. HOEFFEL. Mr. Speaker, there are two things wrong with the Republican prescription drug bill. Perhaps more than just two but two I wanted to talk about this evening.

The first is this bill would privatize the program. It would privatize the prescription drug benefit and it would privatize Medicare itself. The second thing wrong with the Republican prescription drug bill is that it would actually forbid, prohibit, any negotiation

by the government with pharmaceutical companies to bring down the cost of the drugs.

Now, let me address the first question. Privatization of this proposed drug benefit is a very bad thing. It would, instead of establishing a drug benefit in Medicare, a guaranteed benefit set by the government, responsible to the Congress as all of the rest of Medicare has been situated and constituted for the past 40 some years, the Republican plan would set up a prescription drug plan through private insurance companies and HMOs.

Now, those companies have a pretty bad track record in terms of delivering the same product year after year at the same price. In fact, they do not. And in the Medicare+Choice program, at least in the Philadelphia area that I represent, the private HMOs have been increasing the costs of Medicare+Choice, taking away the benefit, making a program that they offered a very elaborate benefit at a relatively low cost and taking away those benefits and increasing the costs.

The same thing would happen if we set up a prescription drug program through a privatized insurance based system.

The second thing wrong with this privatization is after 10 years they will privatize Medicare itself through this voucher concept that would have vouchers made available in a particular area based upon all of the bidding done by private companies and HMOs as well as Medicare. And that balanced figure, that blended figure would be the voucher provided for an individual to purchase Medicare. And what would happen is the companies would undercut Medicare, they would attract younger seniors and healthier seniors, they would be allowed, therefore, to save money because they would not be paying as many bills, and each year in each cycle of bidding those private companies would be able to drop their premiums lower than what Medicare would have to charge. Medicare would be stuck with older seniors and sicker seniors and it would be the end of Medicare as we know it. That is what this is going to be achieved if we allow the privatization of Medicare in this bill.

The second major problem is the prohibition on negotiating with the drug companies for lower prices. I do not get it. I do not understand it. What is the point of setting up a Medicare based prescription drug plan if we do not use the Federal Government's bargaining power to negotiate with the large pharmaceutical companies for a lower price? That is the whole point. That is why other countries that have large bargaining units negotiating with the pharmaceutical companies have much lower prices than we do.

The Committee on Government Reform under the ranking member, the gentleman from California (Mr. WAXMAN), just did a study in my district. The seniors in the 13th Congressional District of Pennsylvania benefit paid twice as much for their drugs as seniors pay for the very same drugs on average in Canada, England, France, Germany and Italy, twice as much because those countries have a combination of bargaining power that they use to negotiate with the drug companies for lower prices.

This Republican bill prohibits such negotiation by the Secretary of HHS with the drug companies. That is nonsensical and that alone is a good reason to vote no. Those are two reasons. There are many more. We should defeat this bill. Pass the substitute proposed by the gentleman from New York (Mr. RANGEL) and the gentleman from Michigan (Mr. DINGELL) and give seniors a real prescription drug program.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mr. SIMMONS) is recognized for 5 minutes.

(Mr. SIMMONS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

(Mr. GUTKNECHT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

(Mr. SMITH of Michigan addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. SHUSTER) is recognized for 5 minutes.

(Mr. SHUSTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REVISIONS TO THE 302(A) ALLOCATIONS AND BUDGETARY AGGREGATES ESTABLISHED BY THE CONCURRENT RESOLUTIONS ON THE BUDGET FOR FISCAL YEAR 2004

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Iowa (Mr. NUSSLE) is recognized for 5 minutes.

Mr. NUSSLE. Mr. Speaker, I submit for printing in the CONGRESSIONAL RECORD revisions to the 302(a) allocations and budgetary aggregates established by H. Con. Res. 95, the Concurrent Resolution on the Budget for Fiscal Year 2004. The authority to make these adjustments is derived from Section 404 of H. Con. Res. 95 (H. Rept. 108–71).

As reported, H.R. 2555, the Homeland Security appropriations bill for fiscal year 2004, provides new budget authority of $890,000,000 for medical countermeasures against biological terror attacks. That appropriation would be authorized under a bill (H.R. 2122) that has been reported to the House by the Committees on Energy and Commerce and Government Reform. Section 404 of the budget resolution permits the Chairman of the Budget Committee to increase the allocation to the House committee that provides such budget authority pursuant to a reported authorization bill in an amount not to exceed $890,000,000 in budget authority for fiscal year 2004 and outlays flowing therefrom.

While I am concerned that the reported bill provides an advance appropriation for fiscal year 2005 of $2.528 billion that, if enacted, could be limited next year to achieve budgetary savings for the fiscal year 2005 appropriations bill, I will exercise my discretion under the budget resolution and increase the fiscal year 2004 allocation to the House Committee on Appropriations since the requirements of Section 404 of the budget resolution have been met. I therefore increase the fiscal year 2004 302(a) allocation to the House Committee on Appropriations by $890,000,000 in new budget authority and $258,000,000 in outlays, making the allocation to that Committee $785,565,000,000 in budget authority and $861,342,000,000 in outlays.

Questions may be directed to Dan Kowalski at 67270.

MEDICARE BILL WILL HARM CANCER PATIENTS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, the Medicare bill that we will vote on this week is a bad bill. It undercuts this critical program that has been provided health care to millions of seniors. It provides spotty coverage that will not help these seniors with their expensive medications. And it reneges on a promise that we have made to America's seniors by ending Medicare as we have known it. But I want to talk about a particularly objectionable provision in this bill that has not gotten much attention. The part that cuts funding for cancer care.

The Medicare bill is supposed to make it easier for patients to get health care, but it will actually make it harder for cancer patients to get the care they need. Cancer is a scourge that has touched nearly every person and family in this country. Cancer patients and their loved ones have a very strong loyalty to the medical professionals, this whole team of oncology care givers who deliver what is so often brutal treatment. This is especially true of the often unsung heros of quality cancer care, oncology nurses.